

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 10699Registration District No. 207Primary Registration District No. 4125-Registrar's No. 28-9

1. PLACE OF DEATH:

- (a) County Clinton
(b) City or town Plattsburg Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community
years/months/days 6 3 03. (a) PRINT
FULL NAME Michael Grady8. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife Anna J. Grady 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Nov 1 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 24 If less than one day
hr. _____ min. _____9. Birthplace Ireland
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Michael Grady
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Maggie O'Connor
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maggie Grady(b) Address Father's Mo.17. (a) Burial (b) Date thereof 3 26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Plattsburg Mo18. (a) Signature of funeral director O'Brien-Hyon(b) Address Plattsburg Mo.19. (a) March 26-40 (b) Emilie Chatham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clinton
(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 57 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1940 hour 4 AM minute 30 M.21. I hereby certify that I attended the deceased from
Jan 1940, 19 , to March 25, 1940, 19 ;
that I last saw him alive on March 24th, 19 ;
and that death occurred on the date and hour stated above.Immediate cause of death
ArteriosclerosisDue to old ageDue to 97
Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy NO

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
18 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. D. Reynolds (M. D. or other) 1
Address Plattsburg Mo Date signed 3-25-40

RECEIVED
District Health Officer No. 11,
District File Number 440-570
Date Filed APR 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Danell D. Lyon
Licensed Embalmer No. 3640
P. O. Address Platteburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.